

## APPLICATION FOR EDUCATION REIMBURSEMENT

1. Employee Name	8. Are you receiving other financial assistance? Please indicate _____
2. Classification	9. Are You a Degree Candidate? Yes____ No____ If yes, indicate which: Associate____ Bachelor ____Master____ Doctorate _____
3. Division	10. Are You Eligible For Veteran's Education Benefits? Yes ____ No _____
4. Department and Telephone #	11. <b>Cost (Excluding Books)</b>  Tuition \$ Other \$ Total \$
5. Date of Employment With City	
6. Circle Years of School Completed:  4 5 6 7 8 9 10 11 12 13 14 15 16 17	12. Semester ( <b>please circle</b> )  Spring      Fall      Summer (Fire ONLY) Beginning Date of Course: ____/____/_____
7. College/University Address:	13. Amount of Reimbursement ( Do Not Enter)
	<b>Comment:</b>
Course Title	Credits Earned

18. Application Rejected for Following Reasons: \_\_\_\_\_ Date \_\_\_\_\_